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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

Area Code & Telephone Number (if different from above)

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowe or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will previde a copy of this report to the Government Oversight Committee. This form is required to be filled within 2p days of receipt of the gift, bequest, or grant.

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

FORM-GBG

For office use only
Indexed
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Computer

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Glenwood Resource Cent	er		
Name of Department or Office		· · · · · · · · · · · · · · · · · · ·	
711 South Vine Street	Glenwood, IA 51534		
Mailing Address		City, State, Zip Code	
712-525-1444			
Area Code & Telephone No.			
CONTACT PERSON FOR REC	IPIENT DEPARTMENT OR	OFFICE:	
Jami Kline RN, BSN			
Name			
Mailing Address (if different from a	bove)	City, State, Zip (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Email Address

Astra Zeneca		_		
Name				
14560 Woodcrest Dr., Clive, Ia	50325			
Mailing Address	City, State, Zip Code	_	August 22, 2008	^{\$} 121.77
866-482-0242 ext 34813			Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number			*value is defined as "fair market val receiving department or office. If n	
Email Address (optional)				

Provide a description of the gift, bequest, or grant and purpose thereof:

Luncheon provided during pharmaceutical presentation.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

ı	,affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the
(donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Manager Signature

9-4-08 Date